

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/26/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29E021		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/31/2009	
NAME OF PROVIDER OR SUPPLIER GAYE HAVEN ICF				STREET ADDRESS, CITY, STATE, ZIP CODE 1813 BETTY LANE LAS VEGAS, NV 89115			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Surveyor: 12211 This Statement of Deficiencies was generated as a result of the annual Medicare re-certification survey conducted at your facility on December 30 and December 31, 2009. The census at the time of the survey was 19. The sample size was 8, including 1 closed record. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:			F 000			
F 371 SS=E	483.35(i) SANITARY CONDITIONS The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Surveyor: 12211 Based on observation and interview, the facility failed to store and prepare food under sanitary			F 371			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 371	Continued From page 1 conditions. Findings include: -On 12/30/09 and 12/31/09, there was a layer of dust on the range hoods. The vent above the pot storage area was dirty and dusty. -On 12/30/09, in the morning, the Dietary Manager stated the facility had not used the dishwasher since running out of sanitizer the previous Wednesday (one week prior to the survey). Sanitizer was delivered to the facility at approximately 1:30 PM on 12/31/09. On 12/31/09 at 2:00 PM, the dishwasher did not complete the wash cycle after 2 attempts. -On 12/31/09 the lunch meal was served from 11:00 AM through 12:00 PM. At approximately 11:50 AM the macaroni salad was 60 degrees Fahrenheit. The macaroni salad, which was a mayonnaise-based product, was out of temperature. -On 12/31/09, at 8:30 AM, in the kitchen refrigerator, there was a package of roast beef and a package of turkey wrapped only in loose foil wrappers. The wrappers were not sealed and labeled with the date and type of food. There was a chub of ground hamburger meat which was wrapped only in a used bread bag and was not sealed. The chub was not labeled with the date and type of food. -On 12/31/09 at 8:30 AM, there was a metal pan in the refrigerator containing cherry jello which was uncovered.	F 371			
F 465 SS=D	483.70(h) OTHER ENVIRONMENTAL CONDITIONS	F 465			

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F 465	<p>Continued From page 2</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 25418 Based on observation and interview, the facility failed to maintain a safe, comfortable and sanitary environment.</p> <p>Findings include:</p> <p>On 12/30/09 in the afternoon, the paper towel dispenser located in the employees' restroom was empty. There was a roll type multiple-use cloth towel dispenser mounted on the wall of the employees' restroom.</p> <p>A sign posted next to the multiple-use cloth towel dispenser in the employees' restroom instructed personnel to " ... turn faucet off and open door using paper towel."</p> <p>On 12/31/09 in the morning, the paper towel dispenser located in the employees' restroom was empty.</p> <p>On 12/31/09 in the morning, the soap dispenser in the bathroom utilized by the four residents in Room #5 was pumped several times. No soap came out of the dispenser which was three quarters full. The dispenser and bottle bore large amounts of dirt and grime.</p> <p>On 12/31/09 in the afternoon, the soap dispenser in Room #5 was pumped several times with the</p>	F 465			

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F 465	<p>Continued From page 3</p> <p>Director of Nursing (DON) present. The DON indicated she would notify the maintenance department of the situation.</p> <p>On 12/31/09 in the afternoon, the DON explained, "It would be my preference to have paper towels (in the employee restroom) but we don't have them."</p> <p>Surveyor: 12211</p> <p>On 12/30/09 in the afternoon, the main resident bathroom in the hallway had urine splashed on the toilet seat and at the base of the toilet. There was no soap available in the resident bathroom.</p> <p>On 12/30/09 and 12/31/09, there were 2 chairs in resident common areas with tears on the arms which had been patched with duct tape.</p>	F 465			